



JUVENILE REHABILITATION ADMINISTRATION (JRA)

JRA POLICY PROPOSAL New Revised

POLICY SUBJECT			
CONTACT PERSON	TELEPHONE NUMBER	FACILITY/OFFICE	DATE
SUPT/RA/LQSC APPROVAL	DATE	DIVISION DIRECTOR/QUALITY COUNCIL APPROVAL	DATE
QSC APPROVAL	DATE		

Why should this policy be written or revised?

Are there other methods for achieving the same outcome? Yes No Explain.

What ideas do you have that will be important to consider when developing this policy?

What effect will this policy have on your (address anticipated positive and negative outcomes and the impact on our customers in your discussion).

- Local program?
- Other JRA programs?
- Non-JRA programs?

What stakeholders would you include in this policy's development?

FISCAL ESTIMATE

Will this policy create a fiscal impact on your local program? Yes No

Will this policy create a fiscal impact on other JRA programs? Yes No

Will this policy create a fiscal impact on non-JRA programs? Yes No

If yes, please explain (narrative only).